

OVER FIFTY YEARS IN MEDICINE *

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Fifty-six years ago, or in June, 1866, I entered upon the study of medicine in the office of two medical partners in a small but central town in the then Province of Lower Canada, now the Province of Quebec. The partners kept their own medicines and there I imbibed my anatomy and physiology in the intervals afforded between the compounding of mixtures, the rolling of pills, and the mixing and folding of powders. There I was present at the setting of fractures, and the operations of minor surgery. Yes! and even the extraction of teeth—the nearest dentist being twenty miles away.

I believe such training to be good for a young man, and makes him better able to handle his own patients in his early years, rather than the student who enters college without such experience, and who begins private practice without other than hospital work, which is so entirely unlike the handling of private patients. Shortly after entering the office of my preceptors, one of them took me to visit a hopeless case of—peritonitis? The patient was a young Scotchman who had just arrived at the local hotel with his wife whom he had married before leaving the old country, and who knew no word excepting Gaelic. He came with a few pounds in cash, intending to buy a farm and become a settler. He was almost at once stricken with what was, no doubt, an attack of appendicitis, in the face of which the profession then stood helpless, calling it "peritonitis" and keeping the unfortunate under the influence of opium until death closed the tragedy.

The scene at the bedside has haunted me throughout the years. The man lay gasping out the last of his life, and his young wife knelt by the bedside with her arms outflung across his body, and her face buried therein, crying out in the rhythmical cadence the Gaelic words, "Hamish sorg ma Dheelish! Hamish sorg ma Dheelish!" It was the despairing cry of a broken heart in a new world, without friends, and even without knowledge of the language spoken around her.

Often, later in life, when the abdominal cavity had ceased to be sacro-sanct, those mournful sounds came back to me, as a reminder that this poor fellow's young life might have been saved by a comparatively trifling operation.

Another instance. My preceptors were both progressive men, and their journals recording cases of ovarian tumors being cured by the injection of Tr. Iodine after tapping, they set a day for operating on a case in their practice. I accompanied them to give chloroform, if needed. The patient was past middle age with an immense tumor. She was successfully tapped and the iodine injected through the trocar into the emptied sac, but the woman lived only for a short time, and in great pain. I can yet see my eldest preceptor, sitting grief-stricken over the result.

In the autumn, I entered the medical department of McGill University. It was the year that a four-year course was first adopted and a strict

examination held in Greek and Latin (at the student's choice), mathematics, French or English (at choice), dictation, to show writing and spelling and familiarity with the language. Only two other colleges on the continent, at that time, mandated a four-year course—Harvard and the University of Pennsylvania—all the others mandating only a two or three years' study. Of course, a good university course precluded the necessity of passing such examinations. I graduated and received my M. D., C. M., on March 31, 1870—over fifty-two years ago—and began practice in a neighboring town to my preceptors, where I remained until 1877, when the glamor of California overwhelmed me and I came west.

The years of my medical life have been epochal. They compass the great majority of the wonderful discoveries of medicine and surgery. This I aver without fear of contradiction. Also it has been prolific in fads and cults. At the outset of my career, Virchow had just promulgated his cell theory which revolutionized medicine; and Lister had revolutionized surgery with his antiseptic teachings and practice, and the operating rooms throughout civilization echoed to the hissing of carbolyzed spray, and operator, patient, assistants and observers were indiscriminately showered with the odorous vapor. My student days in the operating room are recalled by all phenol odors, which are, one and all, obnoxious to me for that reason.

But to this man we must yield all honor because to his worked out theory of wound infection is due an entire revolution in the treatment of wounds, and in surgical technique. Where thousands formerly died, thousands now recover, due to the labors of this one man.

In my graduation year died Dr. James Y. Simpson, with whose name chloroform is carved on the pillars of medical progress, and to the introduction of this agent into obstetrics, relief to woman's pangs is due. It is a curious bit of history that for this alleviation of the pains of childbirth, Simpson was bitterly assailed by the Scottish clergy, as the Bible had proclaimed that "in sorrow shalt thou bring forth children." But he came back with this riposte: That when Eve was created, God threw Adam into a deep sleep, and, taking one of his ribs, formed Eve. This was a silencer.

Although McDowell, an humble country doctor, performed successfully and almost unaided and alone, the operation of ovariectomy in 1809, no one had the courage to follow in his footsteps until into the '70's, when Sims, followed by the Atlees and (I think) Thompson of Harvard, made the abdominal cavity an open road to surgery. But it was some years before the surgeons, in the absence of soluble ligatures, ceased to clamp the stumps of the removed tumors outside the abdomen. The discovery of absorbable ligatures, and aseptic silk and other material, gradually did away with danger. I might here add that to Lawson Tait of England, we are greatly indebted for his teaching of asepsis, instead of antiseptis.

Then one brilliant discovery after another came within the compass of my medical life. Charles Louis Laveran, an obscure regimental surgeon in

* Read before the Placer County Medical Society.

the French Army, buried in the lonely sands of Africa, found the plasmodium malariae in the blood of malarial victims. For this he was hooted at, and belittled by the medical big-wigs of Paris, but "Truth is mighty and must prevail," and very soon his discovery was verified throughout the scientific world.

Then came Robert Koch, another obscure man, who demonstrated the whole life history of the TB, and so thorough was he, that he said practically the last word concerning it to this day. He also demonstrated the cholera spirillum, and he, too, was ridiculed by the "know-it-alls," and Pettinkoffer, a celebrated German scientist, said he would undertake to swallow, and did swallow, a tube of cholera germs to prove the falsity of Koch's claims, and thereby nearly lost his life. After his recovery he was magnanimous enough to acknowledge Koch's discoveries, and to give him full honor therefor.

In 1885 Pasteur, one of the most brilliant men that ever lived, a chemist and not a physician, did the greatest thing for medicine that the nineteenth century witnessed. He demonstrated the immunizing treatment for rabies and inaugurated serum-therapy.

By the discovery of cells and germs, the microscope came into its own as an instrument of real scientific value. The stethoscope was just coming into general use, and I well remember my first one, used in my student days. It was turned out of one piece of cedar and about six inches long. Also I remember the first clinical thermometer used in the Montreal General Hospital. It was about sixteen inches long, fastened to a scale, with the end containing the mercury bent at a sharp angle so that it lay snugly in the axilla while the body of the instrument lay upon the breast of the recumbent patient. It was truly a fearful and wondrous instrument. Later in my time, instruments of precision came to aid the clinician—the sphygmograph, the sphygmomanometer, the counting chamber, the hematocrit, the hemaglobinometer and many lesser aids to medical science.

In the '90's came the era of the womb-slitters, made possible by the perfection of the speculum. There was a time when every doctor owning one of these instruments was slitting the cervix uteri for all female troubles. These were followed by the menders—with much language.

Next came one of the most important aids to the modern surgeon—the Roentgen Ray—or so-called X-Ray, discovered by Wilhelm Konrad Roentgen in 1895, which bares men's inner secrets. Radium followed in its footsteps. And so we progress.

Next I will speak of the fads and cults in medicine which have sprung up in my time. The Thompsonians, founded by Thompson, of Massachusetts, which afterward developed into the eclectic school, was just coming into vogue about the time I became a student.

The homeopaths, founded by Hahnemann in Germany, was attaining a hold upon the American public at the same time.

Next came osteopathy, founded in 1874 by Dr. A. T. Still.

Following this in the latter years of the century came Christian Science, evolved (by the much-married Mary Baker Glover Patterson Eddy) from the foolish emanations of the addled brain of a paranoiac.

Next comes the natureopath, and then the crowning joke of all—the Chiropractor—who can cure typhoid fever, diphtheria, cancer, gonorrhea, syphilis, or any other old thing, with the chiropractic thrust. It is to laugh!

But, gentlemen, I see a better day coming. The Homeopaths now require almost, if not quite, as thorough a scientific training as the regular profession and are becoming as broad-minded as science can make them.

The Eclectics are also approaching nearer and nearer to us in their standards, and within another lifetime, like my own, will stand side by side with us. The Osteopaths also are requiring a better education and are demanding a thorough training in anatomy and physiology, especially, and will ultimately blend with us.

But the Christian Scientists and the Chiropractors are simply ulcers on medicine and must have their day, until they die out, which they undoubtedly will in the not too distant future. It costs nothing to become a Christian Science practitioner, and any waiter, farm-hand, laborer, etc., who can command \$100 to buy a diploma, can become a Chiropractor.

The Serologists and Organotherapists should also be mentioned, as they have both got quite a standing, both in and out of the profession. Some of these theories have a real value, but most of them prove to be duds.

And now we are in the midst of the Endocrinologic craze and the era of Vitamines. We will spend a moment over these before closing. The latter class seems proven, although they do not yield their secrets to either the chemist or the microscopist, but they do their work! That is the point; selah.

But the Endocrinologist needs the hobbles of caution put upon his enthusiasm until much more research is made. The giant, the midget, the fat boy and the human skeleton are regarded now as victims to their own glands, and hopes are entertained that these processes can be controlled and the ancient mysteries of disease will be explained, so that what have been considered hopeless cases can be satisfactorily treated. But the realm of endocrinology has not been well explained as yet and the bold adventurer in its mazes is liable to become lost, or to do much damage to his fellow man. The conditions of the body that control these glands of internal secretion are still almost entirely unknown. As yet only two endocrine products are chemically known—thyroxin and epinephrin. The latter is very potent intravenously, but inert when swallowed. Until we know more about them all, we can not be sure that they are not altered or destroyed in the digestive canal. Therefore, why talk about Hormones? Again, to what degree is substitution therapy possible? Its value has been proved in thyroid deficiency, but it is useless in pancreatic diabetes.

Often the Organotherapist is justified by the

patient's expression of added well-being, or by disappearance of subjective symptoms—criteria of uncertain value. The facts should be faced that endocrine physiology is unproven, despite positive statements to the contrary. Every medical publication vaunts the use of some endocrine fad, even down to gland transplantation. Credulity rules mankind. "There is a sucker born every minute," it has been said, with, unfortunately, much truth. This opens the door for exploitation of the medical profession by charlatans, quacks and unscrupulous manufacturers. Medicine is humiliated by accepting, as gospel, every claim made with sufficient positiveness.

However, I do not wish to condemn endocrinology, nor to lessen the just claims that it has earned, but I do ask you for a proper scientific attitude toward the data that are advanced.

And now I have gone over my fifty-odd years in general practice, necessarily omitting many discoveries that have come to the saving of human life and well-being, during that period, and trying to keep down my own personality, but I can say with Virgil's hero, "*Pars fuit erat.*"

Believing that our work is all the better for a little play, I will conclude with something in a lighter vein. I will give you a few verses written by myself on

THE OLD PRACTITIONER *

The old Doctor's getting older every year.
We watch his failing powers, year by year.
His step is growing slower;
His head is bowing lower,
And we note his lessening vigor, year by year.

His eyes are growing dimmer, year by year.
His legs are getting slimmer, year by year.
He has a tremble in his voice,
And his breath it makes more noise,
As he toddles down life's pathway, year by year.

His teeth are dropping out, year by year.
His false ones rattle about, year by year.
He mumbles at his food,
His digestion is not good,
And dyspepsia grips him harder, every year.

If you think he is down and whining, owing to years,
You've got another think a-coming, for this year.
For he's just as good at poker,
And the same old jolly joker;
He's a fighter from away back, through the years.

His mind is, maybe, duller, year by year.
But his experience is fuller, every year.
In his finger-end's an eye,
That your inner ills can spy,
And he makes better diagnoses, every year.

When the young men make their blunders, all the years,
The old cock stands by and wonders, year by year,
At the things they think they know,
That so surely are not so,
And knows that they'll grow wiser with each year.

So he's growing old and older, every year.
He sees his finish nearer, every year.
Gray hairs are getting thicker,
Has less capacity for licker,
And he's worse and worse a kicker, every year.

In his every fault we love him, through the years.
There are none that rank above him, in the years.
Soon the Lord will call upon him,
With his good and bad traits on him,
And he'll go to join his fathers for all the years.

* These verses were read before a few guests at a dinner in Coronado, some time ago, but never before published. (Rights reserved.)

The foregoing verses will apply to all of you, as pass the years.

INDUSTRIAL MEDICINE AND THE GENERAL PRACTITIONER *

By GAYLE G. MOSELEY, M. D., San Francisco

The treatment of industrial accident cases by the general practitioner has not proven satisfactory to either the physician or the insurance carrier. All of the causes of this dissatisfaction need not be considered at this time. The problem that presents itself for consideration is the bringing about of a better relation between the physicians and the insurance carriers, and securing co-operation instead of antagonism.

The general practitioner is an important factor in the furnishing of medical service to the large group of people covered by the Workmen's Compensation Law. The further trend of medical service in industrial accident cases will be largely determined by the attitude and the service rendered by the physician in general practice.

Whether or not industrial work will be more widely distributed or more centralized than it is at the present time, depends entirely upon whether or not the physician in general practice takes sufficient interest in these cases to give good service and furnish promptly the reports that are necessary for the insurance carriers to properly conduct their business.

If the doctor treating an industrial accident case will do three things he will rarely have cause for complaint.

First—Is to send full report of the accident promptly to the insurance carrier, as a doctor's report is the basis on which the case is handled, and is necessary before compensation can be paid.

Second—Not to attempt to continue to treat cases that should be in the hands of a specialist. All cases of eye injuries and severe fractures should be treated by specialists in those respective lines, and there is nothing that gives an insurance carrier a better opinion of a physician in general practice than to have him write in and suggest that a serious injury be placed in the hands of a specialist.

In private practice the physician does not hesitate to ask for consultation or refer a case to a specialist, but in industrial accident work a request for consultation is very rare. The physician that immediately refers serious cases to the insurance carrier inspires confidence, with the result that the insurance carrier will feel safe to leave any case in his hands, knowing that the doctor recognizes his limitations and can be depended upon to act accordingly.

Third—Is to send in a bill for services rendered. If this is sent in according to the established fee schedule, being careful to note on the bill the reasons for any unusual charge, or charge in excess of that allowed by the fee schedule, the bill should be paid promptly.

The physician should be extremely careful, however, to make out his bill strictly according to the fee schedule, as the medical expense is a fixed amount, being a definite proportion of the premium collected for each risk.

* Read before the Section on Industrial Medicine of the Medical Society of California, Yosemite National Park, May 15, 1922.